



March 12, 2021

The Honorable Richard Neal
Chairman
Committee on Ways and Means
1102 Longworth House Office Building
Washington DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
1102 Longworth House Office Building
Washington DC 20515

Dear Chairman Neal, Ranking Member Brady, and members of the Committee:

The Children's Partnership respectfully submits this written statement to include in the public record of the Ways and Means Committee hearing on the Path Forward on COVID-19 Immunizations, which took place on February 26, 2021. We appreciate the Committee holding the hearing on this important and urgent matter impacting the lives of Americans, and especially low-income Americans of color and their children.

The Children's Partnership (TCP) is a California-based children's advocacy organization committed to improving the lives of marginalized children where they live, learn, and play with breakthrough solutions at the intersection of research, policy, and community engagement. Since 1993, TCP has been a leading voice for children and a critical resource for communities across California and the nation, working every day to champion policies that provide all children with the resources and opportunities they need to thrive.

TCP advances equity in vaccine access through its membership in California's Community Vaccine Advisory Committee which provides input to state leadership regarding the distribution and allocation of the COVID-19 vaccine. In this capacity, we guide California's decision making and build equity into decisions about vaccine distribution and allocation by uplifting recommendations that remove structural barriers that impact vaccine access.

We believe that the path forward on COVID-19 recovery, including vaccine administration, should center addressing the needs of communities disproportionately impacted by the pandemic and employing strategies that acknowledge and address systemic barriers these communities face to their health and wellbeing.

I. California's communities of color face both the highest rates of COVID-19 cases and deaths, as well as the lowest rates of receiving a vaccine.

Statewide, communities of color are facing disproportionate rates of COVID-19 cases and deaths compared to their share of California's population. Among adults, Latinxs make up 56% of cases and 46% of deaths, yet are 36% of the state's population.¹ Among children, Latinxs

¹ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>

make up 65% of cases and 43% of deaths from COVID-19, despite making up 48% of the state's population.² Data at the county level reveals further inequities. In L.A. County, Pacific Islanders suffer the highest infection rate of any racial or ethnic group at more than 2,500 cases per 100,000 residents, six times higher than for white people.³ Additionally, Latinx children in L.A. County making up 75% of reported MIS-C cases, higher than their share of the county's population (55%).⁴

Despite the pandemic's devastating toll on California's communities of color, so far the state has not been successful in vaccinating enough communities of color, despite promises of equity. Black and Latinx residents together account for 59% of COVID-19 cases, but roughly 20% of the state's vaccinations.⁵ White residents, on the other hand, represent 20% of the infections but over 32% of vaccine recipients statewide.⁶ TCP is hopeful that California's recently proposed plan to double the vaccine allotment to California's communities hardest hit by the pandemic will advance vaccine equity for communities of color over the next couple of months.⁷

II. Communities of color face structural barriers in accessing COVID-19 vaccines.

State and federal leaders must address structural barriers that make it difficult for communities of color to access the vaccine.⁸ Structural barriers are obstacles that collectively affect communities of color and perpetuate or maintain stark disparities in vaccine access. Structural barriers that have arisen through TCP's engagement with families of color as well as our work as part of the Community Vaccine Advisory Committee include requiring or even merely asking for proof of insurance or social security number; forms that require or mention an administration fee; appointments at vaccination sites that require traveling large distances or taking time off from child care or work; lack of access to a computer or cell phone or digital literacy to make a vaccine appointment online; requiring extensive documentation to prove membership within a vaccine phase; as well as lack of written guidance from the federal and state government that explicitly address immigrant access to vaccines.

In sum, plans to roll out a vaccination once one becomes available are still under development and will likely continue to evolve over time. As these plans develop, it will be important to consider their implications for equitable access to the vaccine, particularly for people of color. Reducing access-related challenges and utilizing targeted and culturally appropriate and respectful outreach and communications may help reduce barriers to vaccination for people of color. Providing equitable access to a vaccine will be important for reducing the disproportionate effects of the virus for people of color, preventing widening health disparities going forward, and achieving population immunity through a vaccine.

² <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>

³ <https://www.latimes.com/california/story/2020-07-19/california-pacific-islander-native-hawaiian-communities-hit-hard-by-coronavirus>

⁴ <https://www.dailynews.com/2021/03/06/la-county-tops-22000-coronavirus-deaths-mis-c-spreads-to-116-children/>

⁵ <https://covid19.ca.gov/vaccines/>

⁶ <https://covid19.ca.gov/vaccines/>

⁷ <https://www.gov.ca.gov/wp-content/uploads/2021/03/Equitable-Vaccine-Administration-Fact-Sheet.pdf>

⁸ Kaiser Family Foundation, Addressing Racial Equity in Vaccine Distribution, Dec 03, 2020. Accessible at: www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/

III. The COVID-19 pandemic has amplified already-existing inequities across social determinants of health and mental health—impacting every facet of child health and wellbeing.

As described above, the global COVID19 pandemic has swept through communities of color at alarming and disproportionate rates. However, many California families – particularly families of color with young children – were struggling to meet their basic needs even before the pandemic began due to systemic racism and historic under-investments in low-income communities of color. We partnered with The Education Trust–West to conduct an online survey among 600 parents of children under the age of six in California in April 2020 and then again in February 2021.⁹ Key findings from the poll, shown below, highlight that the pandemic continues to exacerbate inequities in health, mental health, and social determinants of health, including housing, nutrition access, and more. Key findings include:

- **Parents have ongoing and intense concerns about the impact the coronavirus is having on the mental health of themselves and their family, as well as their child’s development and overall well-being:** 70% of parents worry about their and their family’s mental health as a result of the pandemic. 87% of parents agree that receiving referrals to mental health clinics and providers could help them but only 13% currently have received or have access to referrals.
- **California’s parents of young children continue to experience significant hardship around expenses that support basic human needs like food and housing:** Over 1 in 2 (59%) percent of low-income parents and 40% of parents of color, including 42% of Latinx parents, say they are unsure or will not be able to afford basic expenses like food and housing. Nearly 1 in 2 low-income parents (46%) say they have skipped or reduced the size of their own or their child’s meals as a result of the coronavirus crisis.
- **Parents are struggling with accessing health care for themselves and their children during the pandemic:** Over a third of parents overall (34%) have attempted to enroll themselves or their family in Medi-Cal during the pandemic. For many parents, enrolling in Medi-Cal was not easy — half (50%) stated that they had problems and/or issues when applying and enrolling in Medi-Cal; the most common being the need for a lot of follow-up (23%), found the application confusing (21%) or couldn’t reach a county worker to apply (18%).
- **Digital inequity remains an issue:** The vast majority (94%) of parents agree that accessing their child’s doctor using telehealth could help them, but only 48% currently access their child’s doctor using telehealth.

Moreover, the ensuing school closures, social isolation, and dramatically reduced access to services and care, combined with the overall threat of the virus and the collective and individual grief over loved ones who died from COVID19, have produced alarming mental health trends for young people. Children’s distress, especially that of children of color, has also been intensified as public attention turned to the historical and ongoing racial injustice that resulted in protests across the country. California has experienced one of the greatest declines in children’s mental health services during the pandemic¹⁰, accelerating a decline in children’s mental health care since 2016, putting California 48th in the nation in children with an unmet mental health need

⁹ <https://childrenspartnership.org/research/parents-of-young-children-in-california-continue-to-struggle-during-the-ongoing-pandemic/>

¹⁰ Centers for Medicare & Medicaid Services, 2020

(30%) compared to a national best of only 5% in 2018.¹¹ These trends highlight the importance of efforts that lead to improved conditions that shape child health, as well as increased access to mental health services.

IV. Equity requires policy-makers to prioritize communities of color in pandemic recovery efforts, including removing systemic barriers that exacerbate inequities in vaccine administration.

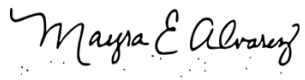
The COVID–19 pandemic has exposed and exacerbated severe and pervasive injustices in our state and country against families of color, including millions of children. Equity requires us to prioritize these communities in our collective recovery. Using equity as a primary factor for vaccine distribution in our approach provides us with an opportunity to begin to undo the generations of injustice that have led to the social conditions that result in people of color being more likely to be impacted by COVID-19 and its devastating consequences on health, wellbeing, and stability. Equity-based pandemic recovery efforts include:

- **Bringing vaccines to familiar and trusted community spaces.** Removing cost sharing for the vaccine and its administration does not eliminate all barriers for people who have been prioritized for vaccine access. Community members may be faced with other barriers related to time, child care, and transportation. Therefore, making the vaccine easy to access by offering vaccination clinics at schools, farms, child care settings and centers, churches, workplaces, and other locations in the community that are familiar and trusted can mitigate these inequities.
- **Making access to the vaccine as easy as possible for communities of color.** Efforts that simplify vaccine access for marginalized communities include the use of simple self-certification that an individual meets vaccine prioritization phases so that retrieval of documentation does not interfere with rapid vaccination of members of low-income communities who may not possess these documents but are at significant risk of acquisition of a serious form of COVID19. Similar efforts include omitting questions on vaccine appointment forms that ask for social security number, and other unnecessary information.
- **Partnerships with community-based organizations, including those who employ community health workers or administer medical-legal partnerships.** Community-based partnerships are critical in fulfilling our country's promise to ensure all communities have knowledge of and access to vaccines and increasing public education and outreach tailored to different communities about vaccine safety and efficacy. These partnerships are also key to helping families navigate food and housing insecurity exacerbated by the pandemic, ensuring children continue to access education, as well as address job loss – services that often require legal assistance and/or support navigating multiple public programs and systems. Increased investments in community-based partnerships to engage in COVID19 recovery, including partnerships with CBOs to address health, housing, food and other basic needs through medical-legal partnerships and promotores/community health workers.

¹¹ Commonwealth Fund, 2020

We thank you for the opportunity to comment on the path forward on COVID-19 immunizations and the need to prioritize children in those efforts, particularly children from historically marginalized communities and families. We urge centering these communities in pandemic recovery efforts, including vaccine access and allocation, by employing strategies that acknowledge and address systemic barriers these communities face to their health and wellbeing.

Sincerely,

A handwritten signature in black ink that reads "Mayra E. Alvarez". The signature is written in a cursive, flowing style.

Mayra E Alvarez MHA
President